



# City of Falls Church

Commissioner of the Revenue  
300 Park Avenue  
Falls Church, VA 22046-3332  
703-248-5019

[commissioner@ci.falls-church.va.us](mailto:commissioner@ci.falls-church.va.us)

## **TRANSIENT OCCUPANCY TAX**

(City Code Sec. 33.36-45)

**PAYMENT DUE BY THE 20<sup>TH</sup> OF EACH MONTH TO AVOID PENALTY AND INTEREST**

Name \_\_\_\_\_ Virginia Sales Tax Reg. No. \_\_\_\_\_

Trade Name \_\_\_\_\_ Month Ended \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

1. Gross Rentals	\$ _____
2. Allowable Deductions:	\$ _____
a. Exempt rentals (over 31 days)	\$ _____
b. Refund of rentals included in line 1 of this report	\$ _____
c. Refund of rentals included in prior reports	\$ _____
d. Total Deductions	\$ _____
3. Item 1 less 2 (d)	\$ _____
4. Tax (5% of item 3)	\$ _____
5. Penalty for late payment (10% of item 4)	\$ _____
6. Interest 10% per annum (.0083 per month)	\$ _____
7. Total Tax, penalty and interest (sum of item 4, 5, and 6)	\$ _____

Check should be made payable to Treasurer of Falls Church. (Check must accompany this report.)

**I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**PLEASE RETURN ORIGINAL DOCUMENT**